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Cancer Facts for Gay and Bisexual Men

The most common types of cancer among men in the US are prostate, lung, colorectal, and skin cancers. Younger men in particular are also at risk of testicular cancer. Some gay and bisexual men might have a higher risk of anal cancer.

Knowing about these cancers and what you can do to help lower your risk or find them early (when the cancer is small and might be easier to treat) may help save your life.

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Recognizing barriers

Some gay and bisexual men face barriers to getting health care and cancer screening, including:

- **Fear of discrimination:** Many gay and bisexual men avoid going to the doctor or sharing their sexual orientation and history with their health care provider out of fear of being discriminated against. Like many other lesbian, gay, bisexual, transgender, queer/questioning, intersex, or asexual (LGBTQIA+) people, some gay and bisexual men have been treated poorly or even refused care altogether.

- **Lack of provider knowledge and training:** Many health care providers report not having education on the unique risk factors and recommended cancer screening tests for LGBTQIA+ people.
- **More likely to be uninsured and experience homelessness:** As an example, some health insurance policies do not cover unmarried partners. This makes it harder for many gay and bisexual men to get high quality health care.

Recognizing risk factors

Gay and bisexual men are also more likely to have certain risk factors that increase their chances of getting certain types of cancer. Some of these include:

- Tobacco use
- Alcohol and substance use
- Human papillomavirus (HPV) infection
- HIV infection
- UV exposure and tanning bed use

The combined impact of social barriers and risk factors ultimately increases the chances of being diagnosed with a more advanced cancer and possibly having a worse prognosis.

Prostate cancer

[Prostate cancer](#)¹ is the most common cancer in men in the US, other than skin cancer. It's also the second-leading cause of cancer death (after lung cancer). About 1 in 8 men will get prostate cancer in their lifetime.

The chances of having prostate cancer go up as a man gets older. Most prostate cancers are found in men over the age of 65.

Prostate cancer happens more often in Black men than in men of other races and

Talk to a health care provider about screening

The American Cancer Society recommends that men have the chance to make an informed decision with a health care provider about whether to be tested for prostate cancer.

The decision should be made after getting information about the possible risks and benefits of prostate cancer screening.

A discussion about screening should happen at:

Age 50 for men at average risk

AND

- **Have at least a 20 pack-year history of smoking** (A pack-year is equal to smoking 1 pack of cigarettes per day for a year. For example, a person could have a 20 pack-year history by smoking 1 pack a day for 20 years or by smoking 2 packs a day for 10 years.)

Before deciding to get screened, people should talk to their health care provider about the purpose of screening, how it's done, and the benefits, limitations, and possible harms of screening. People who still smoke should be counseled about quitting and offered resources to help them quit.

Avoid tobacco and being exposures.

Not all lung cancers are preventable. But there are things you can do to lower your risk.

- If you don't smoke, don't start.
- If you smoke, call the American Cancer Society at 1-800-227-2345 or visit [Empowered to Quit](#)⁵ for help quitting.

While smoking tobacco is the leading cause of lung cancer, not all people who get lung cancer smoke. Other ways you can help lower your risk:

- Avoid all products with tobacco.
- Avoid breathing in other people's smoke ([secondhand smoke](#)⁶).
- Avoid or limit exposure to cancer-causing chemicals that might be in the home or workplace.
- Consider having your home checked for [radon](#)⁷.

Colorectal cancer

[Colorectal cancer](#)⁸ (CRC) is the third most common type of cancer in the US. It's also one of the leading causes of cancer death in men.

Some factors that increase colorectal cancer risk include excess body weight, physical inactivity, a diet high in red and processed meats, smoking, alcohol use, older age, and a personal or family history of colorectal cancer or polyps.

What you can do

Get screened.

Regular colorectal cancer screening is one of the best ways to prevent colorectal cancer. Most colorectal cancers start with a polyp – a small growth in the colon or rectum. Screening can help to find colorectal cancer early, when it's smaller, hasn't spread, and might be easier to treat. Certain screening tests can also help prevent colorectal cancer by finding and removing polyps before they turn into cancer.

The American Cancer Society recommends the following for people at average risk for colorectal cancer:

- **Everyone should start regular screening at age 45.**
- People who are in good health and with a life expectancy of more than 10 years should continue regular colorectal cancer screening **through age 75.**
- **For people ages 76 to 85**, the decision to be screened should be based on a person's preferences, life expectancy, health, and screening history.
- **People over age 85** should no longer get colorectal cancer screening.

Screening tests for colorectal cancer

Screening can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam). These options are listed below.

Stool-based tests

- Fecal immunochemical test (FIT)* every year, **or**

be followed up with colonoscopy.

If you're at high risk of colorectal cancer based on family history or other factors, you may need to start screening before age 45, be screened more often, and/or get specific tests.

There are some [differences between these tests](#)⁹ to consider, **but the most important thing is to get screened, no matter which test you choose.** Talk to a health care provider about which tests might be good options for you, and to your insurance provider about your coverage. If you don't have insurance or can't afford cancer screening, [find free and low-cost screening options](#).¹⁰

Skin cancer

[Skin cancer](#)¹¹ is the most common type of cancer in the US. Anyone of any skin tone can get skin cancer. It's also one of the easiest cancers to prevent or find early.

Ultraviolet (UV) radiation from the sun causes most skin cancers. Tanning booths and sun lamps also expose you to UV rays that can cause cancer.

Gay and bisexual men tend to use tanning beds more than other groups of people. They also have an increased risk for skin cancer.

What you can do

Be safe in the sun.

[Practicing sun safety](#)¹² Be safe in the sun.

Check your skin.

The best way to catch skin cancer early is to [check your skin for changes](#)¹³. Many health care providers suggest checking your skin about once a month.

- Know what all moles and spots on your skin normally look like and report any changes to a health care provider right away.
- Ask about having a skin exam done during your regular health checkups.

Anal cancer

Infection with certain types of human papillomavirus (HPV) increases the risk of [anal cancer](#)¹⁴. HPV can also cause mouth, throat, and penile cancers in men.

HPV is a very common virus that almost everyone who has had sexual contact has been infected by at least once. HPV can be spread during sexual activity – including vaginal, anal, and oral sex – or even just close skin-to-skin contact with infected areas. Condoms don't provide full protection from HPV because they don't cover all skin areas that can spread HPV.

Other things that increase risk of anal cancer:

- Receptive anal intercourse
- Number of sexual partners past and present
- HIV infection
- Smoking
- Having a weakened immune system (such as in people who've had a solid organ transplant)
- Recipients of a solid organ transplant

What you can do

Get vaccinated for HPV.

The American Cancer Society recommends all children get the HPV vaccine **between the of ages 9 and 12**, when the vaccine works best. But teens and young adults should still get the vaccine **through age 26**.

While HPV vaccines can be given up to age 45, they're unlikely to be helpful in people

aged 27 or older. **If you're between the ages of 27 and 45**

1. www.cancer.org/cancer/types/prostate-cancer.html
2. www.cancer.org/cancer/types/prostate-cancer/detection-diagnosis-staging/tests.html
3. www.cancer.org/cancer/types/lung-cancer.html
www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/detection.html

Freedman-Cass DA, Fischer T, Alpert AB, Obedin-Maliver J, Kunz PL, Carlson RW. The value and process of inclusion: Using sensitive, respectful, and inclusive language and images in NCCN content. *J Natl Compr Canc Net.* 2023; 21(5): 434-441. doi: 10.6004/jnccn.2023.7025

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